



Yes! I would like to register in the Duke of Edinburgh's International Award Program.

FULL NAME (first/middle/last):

ADDRESS

(#, Street name, Apt #, City, Province, Postal code):

PHONE: _____

PARTICIPANT E-MAIL: _____ **M:** _____ **F:** _____

PARENT/ GUARDIAN'S E-MAIL:

LEVEL: _____ **AGE:** _____

DATE OF BIRTH mm/dd/yy: _____

START DATE mm/dd/yy: _____

NAME OF GROUP? OR INDEPENDENT PARTICIPANT?

IF IND, please supply name of school/university/college/etc:

I have enclosed my completed form, signed waiver, and cheque/money order for \$30, Payable to:

The Duke of Edinburgh's International Award,
New Brunswick,
65 Brunswick Street, Suite 287,
Fredericton NB, E3B 1G5

WAIVER AND AGREEMENT:

- I will select the activities I will preform in order to achieve an Award.
- I will not attempt to preform any activity until I have made certain that I can preform it safely.
- I acknowledge that no one is authorized by the program to advise as to the safety of any activity or as to whether I am capable of performing it safely, or to supervise or exercise any control or authority over me or any other participant. As a participant I assume full responsibility for all such matters.
- I hereby release and hold harmless each of the individuals and legal entities involved in the program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the program.
- This agreement shall remain in effect as long as I am participating in the program.

PARTICIPANT'S NAME: _____

SIGNATURE OF PARTICIPANT: _____

Date mm/dd/yy: _____

- I agree that my name and other information and/or photographs regarding me and my participation in the program may be used by the program in any future publication for the promotion of the award.

SIGNATURE OF PARTICIPANT: _____

PARENTS/GUARDIAN ACKNOWLEDGEMENT:

REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18

We are the parent or legal guardian of the Duke of Edinburgh's International Award participant listed above. We have read the foregoing Waiver and Agreement, and we agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of the program for each activity.

PARENTS/GUARDIAN'S NAME: _____

Date mm/dd/yy: _____

SIGNATURE OF PARENT/GUARDIAN: _____